Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I (Column 1) (Column 2)						SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
FO	R	NUMBEI	NUMBER FILED		NUMBER EXTRA		FEE	Γ	RATE	FEE
BASIC FEE					in Arriva	345.00	OR		690.00	
			minus 20)= * 1		X\$ 9=		OR	X\$18=	18
INDEPENDENT CLAIMS			= *		X39=		OR	X78=	78	
МU	LTIPLE DEPEND	+130=		OR	+260=					
* If	the difference i	olumn 2	TOTAL		OR	TOTAL	786			
	CL	(Column 3)	SMALL E	NTITY	OR	OTHER SMALL				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 21	Minus	·· 71	=	X\$ 9=	•	OR	X\$18=	
	Independent	. 4	Minus	*** 4	=	X39=		OR	X78=	
	FIRST PRESEN	NTATION OF MU	JLTIPLE DEPI	ENDENT CLAIM		+130=		OR	+260=	
	•					TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)					AUDII. FEE		•	ADDIT: 1 EE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
F	FIRST PRESE	NTATION OF MI	ULTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
		ζ			•	TOTAL			TOTAL	-
		(Calumn 4)		(Column 2)	(Column 3)	ADDIT. FEE		10	ADDIT. FEE	
\vdash		(Column 1) CLAIMS	4.0	(Column 2) HIGHEST			ADDI-	1		ADDI-
AMENDMENT C		REMAINING AFTER AMENDMENT	***	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**	= .	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=		OR	X78=	
F	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDENT CLAIM		+130=		1	+260=	
.	If the entry in colu	mn 1 is less than t	he entry in colu	mn 2, write "0" in co	olumn 3.	TOTAL		OR	TOTA	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." *** The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	9/594685
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Total Fee Calculation

Total Fee Calculation							
	Fee Code	Total # Claims	Number Extra X	Fee	Fee	- Total	
	Sm./Lg.			Sm. Entity	Lg Entity		
Basic Filing Fee	201/101 -				690	- <u>690</u>	
Total Claims >20	203/103	21 .20	- <u>1</u> x		_18_	- <i>IP</i>	
Independent Claums (+3)	20211,02	4 -:-	X		<u> </u>	- 77	
Multi-Dep Claim Present	204/104	,					
Surcharge	200/100			 	130	- 130	
English Translation	130						
TOTAL FEE CALCULA	ATION					916	
Fees due upon filing t	he application						
Total Filing Fees Due	= . 5	9)	6.10				
Less Filing Fees Subm	uitted - S						
BALANCE DUE	= \$		7/6. W		, .	٠	
	7. artis						

Office of Initial Patent/Examination